

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

**Mail Stop ISSUE FEE  
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**or Fax**

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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27476            7590            03/27/2007

**NOVARTIS VACCINES AND DIAGNOSTICS, INC.  
CORPORATE INTELLECTUAL PROPERTY  
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### Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/663,896	09/16/2003	Christoph Rehfeld	59516-57/PP-01524.103	4189

### TITLE OF INVENTION: HUMAN CYCLIN-DEPENDENT KINASE (HPNQALRE)

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	06/21/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
FRONDA, CHRISTIAN L.	1663	

**1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.63)**

[X] Change of correspondence address (or Change of Correspondence Address form PTO/SB/122 attached).

[ ] "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

**2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.**

**1. Fish & Richardson P.C.**

**2. Gwilim J. O. Attwell**

3. \_\_\_\_\_

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

**(A) NAME OF ASSIGNEE**

Chiron Corporation

**(B) RESIDENCE (CITY AND STATE OR COUNTRY)**

Please check the appropriate assignee category or categories (will not be printed on the patent): [ ] individual [X] corporation or other private group entity [ ] government

**4a. The following fee(s) are enclosed:**

[X] Issue Fee  
[X] Publication Fee (No small entity discount permitted)  
[X] Advance Order - # of Copies 5

**4b. Payment of Fee(s):**

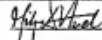
[ ] A check in the amount of the fee(s) is enclosed.  
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[X] The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1050. (enclose an extra copy of this form).

**5. Change in Entity Status (from status indicated above)**

[ ] If applicable, claim SMALL ENTITY status. See 37 CFR 1.27.

[ ] Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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(Authorized Signature) 

(Date) June 26, 2007

Typed or Printed Name Chiron J. O. Attwell

Registration No. 45,449

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